

# Excellence in Leadership Award

Presented each year to an Iowa hospital or health system executive who has demonstrated notable achievement in the management of his or her hospital/health system and for dynamic involvement in the broad area of current health affairs.

## Nomination Criteria

**Must be a CEO or chief executive of an Iowa hospital who has contributed to the advancement of the profession of hospital/health system administration through demonstrated effectiveness at the local, state or national level.**

**Nominee possesses a record of effectiveness in the management of their hospital/health system and evidence community contact and involvement as leaders in the broad spectrum of health care affairs.**

**A history of service and involvement in, but not limited to: IHA committees, councils or Board; involvement in AHA activities and/or involvement in other national, state or local health care organizations.**

**An explanation why you believe the nominee is deserving of recognition for his/her work as a hospital/health system CEO in Iowa.**

## Required Submission Materials:

- 1. Nomination Form (see pg. 2)**
- 2. Letter of Nomination (limit 2 pages)**
- 3. Up to 5 letters of support (limit 2 pages each)**

Please indicate how the nominee has displayed these characteristics in his/her service as a hospital chief executive. Give specific examples. The Selection Committee will base its decision on this narrative.

**Deadline for nomination(s) is June 15, 2019. Please submit nominations and questions via email to [ihaannualawards@ihaonline.org](mailto:ihaannualawards@ihaonline.org) or mail to:**

**Excellence in Leadership Award  
Iowa Hospital Association  
100 East Grand, Suite 100  
Des Moines, IA 50309-1835**

IOWA HOSPITAL  
ASSOCIATION

WE CARE ABOUT IOWA'S HEALTH



# Excellence in Leadership Award

## Nomination Form

Date: \_\_\_\_\_

### Person being nominated:

Name \_\_\_\_\_

Title: \_\_\_\_\_

Hospital: \_\_\_\_\_

Years of Service: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Hospital Contact Person:

Please list the information of the person who should be contacted pertaining to this nomination. This person should be the individual who is coordinating the nomination efforts and would like to receive information concerning award results.

Name \_\_\_\_\_

Title: \_\_\_\_\_

Hospital: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## Award Instructions:

### Person Making the Initial Nomination:

Please submit one letter of nomination from one individual making the initial nomination. Include in the first sentence, "I write to nominate..."

### Person(s) Supporting the Nomination.

It is optional to submit up to five, two-page (max) letters of support. Include in the first sentence, "I write to support the nomination of..."

**Please do not submit materials in binders or sheets in plastic covers. The materials will be digitized upon receipt and this slows down the process for the selection committee and IHA staff.**

**Submit this form with the initial letter of nomination.**